

## FEE TRANSMITTAL

Electronic Version v09

Stylesheet Version v08.0

Title of Invention	[SWINGING DISPLAY MOUNTING STRUCTURE]																					
Application Number :																						
Date :																						
First Named Applicant:	Mr. Hung-Chang Tseng																					
Attorney Docket Number:																						
<b>TOTAL FEE AUTHORIZED \$ 395</b>																						
Patent fees are subject to annual revisions on or about October 1st of each year.																						
Filing as small entity																						
<b>BASIC FILING FEE</b>																						
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>395</td><td>395</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 395</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	395	395	Subtotal For Basic Filing Fees: \$ 395										
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<b>EXTRA CLAIM FEES</b>																						
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 11</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>44</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 11	0	2202	9	0	Independent Claims : 1	0	2201	44	0	Subtotal For Extra Claims Fees: \$ 0			
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Subtotal For Extra Claims Fees: \$ 0																						
<b>AUTHORIZED BILLING INFORMATION</b>																						
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																						
Credit account number:	9108																					
Expiration Date (YYYYMMDD):	2006-08-31																					
Authorized name:	SHU FEN LAI																					
Billing address:	99999																					